



Leak Adjustment Request Form

I am asking the City of Long Beach to reduce the water bill for this account, to the extent allowed by city ordinance because of a leak beginning on (date) _____ and repaired on (date) _____. The water lost from this leak was not used by anyone.

Account # _____-_____._____

Physical Address: _____

Type of leak on customer's side of meter: _____

Please attach documents of repairs made and write a brief description of repairs made:

Signature _____

Date ____/____/____

Contact Phone Number _____

Complete form and return to City of Long Beach, P.O. Box 310, Long Beach, WA 98631

Phone 360-642-4421

FAX 360-642-8841